



**BUSINESS LOAN AUTHORIZATION AGREEMENT FOR  
DIRECT DEPOSIT (ACH CREDIT) AND DIRECT PAYMENTS  
(ACH DEBITS)**

Date: 1/3/2014

**DISBURSEMENT OF BUSINESS LOAN PROCEEDS.** By signing below, Borrower authorizes Lender to disburse the business loan proceeds, as evidenced by the Business Promissory Note and Security Agreement executed by Borrower of even date herewith, less the amount of any applicable fees, (a) by issuing (i) a check to Borrower or (ii) a check or bank wire to Borrower's checking account indicated below (or a substitute checking account Borrower later identifies and is acceptable to Lender) (hereinafter referred to as the "Designated Checking Account") or (b) by initiating an ACH credit entry to the Designated Checking Account. This authorization is to remain in full force and effect until Lender has received written notification from Borrower of its termination in such time and in such manner as to afford Lender and Borrower's depository bank a reasonable opportunity to act on it.

**AUTOMATIC PAYMENT PLAN.** Enrollment in Lender's Automatic Payment Plan is required for approval of the business loan. By signing below, Borrower agrees to enroll in the Automatic Payment Plan and authorizes Lender to collect payments required under the terms of the Business Promissory Note and Security Agreement by initiating ACH debit entries to the Designated Checking Account in the amounts and on the dates provided in the Payment Schedule set forth in the Business Promissory Note and Security Agreement. Borrower authorizes Lender to increase the amount of any scheduled ACH debit entry or assess multiple ACH debits for the amount of any previously scheduled payment(s) that was not paid as provided in the Payment Schedule and any unpaid charges. This authorization is to remain in full force and effect until the loan is paid in full or until Lender has received written notification from Borrower of its termination in such time and in such manner as to afford Lender and Borrower's depository bank a reasonable opportunity to act on it. Lender may suspend or terminate Borrower's enrollment in the Automatic Payment Plan immediately if Borrower fails to keep Borrower's Designated Checking Account in good standing or if there are insufficient funds in Borrower's Designated Checking Account to process any payment. **If Borrower terminates this authorization or Lender suspends or terminates Borrower's enrollment in the Automatic Payment Plan, Borrower still will be responsible for making timely payments pursuant to the alternative payment method prescribed by Lender.**

**BUSINESS PURPOSE ACCOUNT.** By signing below, Borrower attests that the Designated Checking Account was established by Borrower, and the loan proceeds will be used for business purposes only and not for personal, consumer, family or household purposes or to purchase personal, consumer, family or household goods.

**ACCOUNT CHANGES.** Borrower agrees to notify Lender promptly if there are any changes to the Designated Checking Account, including routing numbers.

**MISCELLANEOUS.** Lender is not responsible for any fees charged by Borrower's depository bank as the result of credits or debits initiated under this Authorization Agreement. The origination of ACH transactions to Borrower's Designated Checking Account must comply with the provisions of U.S. law.

<b>Depository Bank Name:</b> Bank of America		
<b>Branch:</b> East Rochester, NH		
<b>City:</b> East Rochester	<b>State/Commonwealth:</b> New Hampshire	<b>Zip:</b> 03868
<b>Routing Number:</b> [REDACTED] 95	<b>Account Number:</b> [REDACTED] 590	
<b>Borrower Name:</b> Absolut Residential Care L.L.C.	<b>Tax ID:</b> [REDACTED] 80	

BORROWER: Absolut Residential Care L.L.C.

Signature: \_\_\_\_\_  
**Selena S Randolph**  
 DocuSigned by:  
 E95638E3455C42D...

Name/ Title: \_\_\_\_\_  
**Selena S Randolph**

Date: \_\_\_\_\_  
 1/6/2014

Rev. Oct 2012 (5day) WBL Initials \_\_\_\_\_ Date \_\_\_\_\_

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<b>Depository Bank Name:</b> Citizens Bank		
<b>Branch:</b> Rochester, NH		
<b>City:</b> Rochester	<b>State/Commonwealth:</b> New Hampshire	<b>Zip:</b> 03866
<b>Routing Number:</b> [REDACTED] 33	<b>Account Number:</b> [REDACTED] 79	
<b>Borrower Name:</b> Absolut Residential Care L.L.C.	<b>Tax ID:</b> [REDACTED] 80	

BORROWER: Absolut Residential Care L.L.C.

Signature: \_\_\_\_\_  
Selena S Randolph  
 DocuSigned by:  
 E95638E3455C42D...  
 Date: 1/6/2014

Name/ Title: Selena S Randolph



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<b>Borrower Name:</b> Absolut Residential Care L.L.C.	<b>Tax ID:</b> [REDACTED] 80	

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